



CPA LICENSE APPLICATION
CONNECTICUT STATE BOARD OF ACCOUNTANCY
FORM SBA-5 (SBA-5.DOC)
(Rev. 7/05)

For Board use only!

Check No. _____

Transaction Date _____

Amount Received _____

ID No. _____

GENERAL INSTRUCTIONS

Please type or print all requested information. **Mail** completed forms to **State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477** accompanied by a payment for **\$75.00** for an initial application **or** a payment for **\$450.00** for a reinstatement application, payable by Check only to the **Treasurer State of Connecticut**. (*Check, Money Order, or Cashier's Checks are the only acceptable methods of payment at this time.*)

Use this form **only** if you are the holder of a Connecticut CPA Certificate and wish to obtain an individual CPA License in order to be authorized unlimited use of the title Certified Public Accountant & the initials CPA. The License is also required in order to apply for and obtain a permit to practice. All applications for a CPA License will be placed on the next available Board meeting agenda for approval (the Board typically meets monthly). The CPA License is valid for the remainder of the calendar year in which it is granted (Jan. 1 - Dec. 31). Applicants are cautioned that the CPA License by itself does not grant the authority to practice public accountancy.

1. Check the appropriate block indicating the type of application. Reinstatement applicants must report completion of continuing education on the reverse side of this form.

1. Application type (check the appropriate block)

☐ Initial Application ☐ Reinstatement Application (complete reverse side of form)

2. Provide your full name and complete address with your home and work phone numbers.

2. Applicant's full name and address _____

Home Phone () - Work Ph () - _____

3. Provide the number of your Connecticut CPA Certificate & your CPA License number if you are applying for reinstatement.

3. CPA Certificate number & License number

Connecticut CPA Certificate number _____

Connecticut CPA License number _____

4. Provide the other jurisdictions in which you have applied for or hold a CPA Certificate or License - check all blocks that apply.

4. Other jurisdictions in which you have applied for or hold a CPA Certificate or Licenses (check all blocks which apply)

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New York | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Maine | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Washington |
| <input type="checkbox"/> California | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Dakota | <input type="checkbox"/> W. Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Michigan | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wash. DC |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Guam |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Missouri | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> South Carolina | <input type="checkbox"/> US Virgin Islands |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Canada |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Texas | <input type="checkbox"/> Other Countries |

5. Review the form for completeness - sign & date.

5. Sign & Date

This space for Board use only!

Lic. No. _____ Date Approved _____

Applicant

Date

CPA LICENSE APPLICATION

Continuing Education Reporting
(For License Reinstatement Applicants Only!)

Applicants for reinstatement must report completion of forty (40) hours of continuing gathered in the year immediately preceding the submission of this form. A reinstatement applicant who has not held an active license within five years of the application is required to gather thirty-two (32) hours of continuing education out of the forty (40) in Accounting and Auditing subject area.

Program Sponsor	Program Location	Program Title or Description	Date(s) Attended	Program type	CE Hours
Total					

Please use the following codes to complete the Program Type Column
I = Instructor at a CE course or program (maximum of 20 CE hrs per year)
P = Participant or attendee at a CE course, seminar or program
S = Self Study Course (maximum of 24 hrs per year)
A = Author credit is being claimed (maximum of 10 CE hrs per year)